

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

MAD001027861

I. NAME OF INSTALLATION

CALIFORNIA PRODUCTS CORP

II. INSTALLATION MAILING ADDRESS

PO BOX 30

CAMBRIDGE

MA 02139

III. LOCATION OF INSTALLATION

169 WAVERLY ST

CAMBRIDGE

MA 02139

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

Aug 6 3 02 PM '80

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

9	W	M	A	0	0	0	1	0	2	7	8	6	1	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 8 23 - 26	14 K 0 7 9 23 - 26	15 K 0 8 1 23 - 26	16 K 0 8 2 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 9 2 23 - 26	32 P 1 0 0 23 - 26	33 U 1 2 2 23 - 26	34 U 0 1 3 23 - 26	35 U 0 3 1 23 - 26	36 U 1 5 4 23 - 26
37 U 2 3 9 23 - 26	38 U 2 2 0 23 - 26	39 U 1 7 1 23 - 26	40 U 1 5 9 23 - 26	41 U 1 6 1 23 - 26	42 U 0 6 9 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Ronald B. Child

NAME & OFFICIAL TITLE (type or print)

Ronald B. Child
Technical Director

DATE SIGNED

August 4, 1980

1/287501000+M

NOTICE OF EPI ASSESSMENT

EPA ID MAD001027861 Name California Products Corporation GIS Number _____

This file has been reviewed by CDM Federal Programs Corporation under EPA Contract No. 68-W9-0002, Work Assignment No. R01029. The purpose of this review was to gather information pertaining to the Region I Environmental Priorities Initiative (EPI) and specifically, the GIS-based RCRA Ranking Model and RCRA Facility Data System for the Integrated Environmental Management (IEM) effort.

The following documents have been reviewed:

	DATE	COMMENT
_____ RCRA Facility Assessment	_____	_____
_____ Superfund Preliminary Assessment	_____	_____
_____ Site Inspection	_____	_____
_____ Other Site Inspection	_____	_____
_____ Groundwater Assessment Rpts	_____	_____
_____ 3007 "SWMU" Letter Response	_____	_____
<input checked="" type="checkbox"/> Part A Form	<u>11/18/80</u>	<u>annual waste quantities increased by 1000</u> <u>extra zeros written in</u>
_____ Part B Form	_____	_____
<input checked="" type="checkbox"/> Notification Form, State	<u>1/20/86</u>	_____
<input checked="" type="checkbox"/> Letter to Ronald Child California Products Corporation from Dennis Huebner, State Waste Programs Branch, USEPA re: status change TSD → Gen	<u>2/7/84</u>	_____
_____	_____	_____
_____	_____	_____

Information regarding this facility is being used in the IEM database. For additional information regarding the GIS Model or the Facility Data System and the status of data available regarding this facility, please contact:

Charles Franks
U.S. EPA Region I
JFK Federal Building, HER-CAN3
Boston, MA 02203

File Reviewed By Mary M. McGarigle

Date 10/16/92

Please continue on the second page of this form.

VIII. DESCRIPTION OF HAZARDOUS WASTES

Enter the four-digit number from the Massachusetts Regulations 310 CMR for each listed hazardous waste which your installation handles. Use additional sheets if necessary.

D codes - Characteristic Non-Listed Hazardous Wastes. See 30.121 through 30.125.

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F and M codes - Hazardous Wastes from Non-Specific Sources. See 30.131.

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--	--	--	--	--	--

K codes - Hazardous Wastes from Specific Sources. See 30.132.

K078	K079	K081	K082		
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U codes - Commercial Chemical Product Hazardous Wastes. See 30.133.

U122	U031	U239	U069	U171	
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P codes - Acutely Hazardous Wastes. See 30.136.

P092					
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IX. COMMENTS

☐ Sheet Attached

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) RONALD B. CHILD TECHNICAL DIRECTOR	DATE SIGNED 1/20/86
--	--	------------------------

EPA IDENTIFICATION NUMBER MAD001027861INITIALS OLDATE 2/8ACTION TAKEN:DELETED TSD ☒ADDED GENERATOR ☐COMMENT ADDED:2 TREAT IN TANKS (PERMIT BY RULE) ☐ 23 POTW (PERMIT BY RULE) ☐ 34 LESS THAN 90 DAY STORAGE ☒ 45 A. NON-REGULATED WASTE ☐ 5B. GENERATOR ONLY ☐6 TOTALLY ENCLOSED SYSTEM ☐ 67 3007 LETTER RESPONSE ☐ 78 NON-REGULATED (TRANSPORTER ONLY) ☐ 89 OTHER ☐ 9

EPA ID Number _____ Date _____

Action:

Initials _____

Deleted Permit Date (Non-Regulated) ☒Deleted Rcra Permit Status Code (1) ☒



ANTHONY D. CORTESE, Sc. D.
Commissioner

The Commonwealth of Massachusetts

Executive Office of Environmental Affairs

Department of Environmental Quality Engineering

1 - 11 Winter Street, Boston 02108

Memorandum

To: Gary Gosbee, EPA State Waste Program

From: Linda Benevides, DEQE, Division of Hazardous Waste *fgb*

Date: November 16, 1983

Subject: Changes in Status of Facilities and Generators

The following changes have been approved by this Department:

<u>Region</u>		<u>EPA Number</u>	<u>Change</u>
2	1. Lewcott Chemicals & Plastics	MAD 980 522 577	G → SQG
1	2. /idex Corp.	MAS 079 217 196	G/TSDF → G
4	3. Globe Mfg. Co.	MAD 001 033 190	G/TSDF → G
2	4. American Bank Stationery	MAD 059 016 717	G → out
3	5. John J. Riley Tannery	MAD 001 035 872	G → out
3	6. California Products Corp.	MAD 001 027 861	TSD → G
4	7. Acushnet Co. - Bldg. D (We do not have copy of 9-26-83 letter from co.)	MAD 000 650 226	T5D → G
3	8. Balston, Inc.	MAD 030 827 158	TSD → SQG
2	9. Borden Chemical	MAD 990 886 673	TSD → G
4	10. Acushnet Co. - Bldg. B	MAD 001 025 154	TSD → G
4	11. N.E. Tap Co.	MAD 001 059 500	TSD → G
2	12. Milford Shoe, Inc.	MAD 046 131 397	G → SQG
2	13. George S. Carrington/Artfair	MAD 055 740 765	G/Trans → Remove
2	14. Montrose Products Co.	MAD 046 133 500	G → SQC
2	15. Wright Line Co.	MAD 980 732 622	G → SQG
2	16. Digital, Northboro	MAD 000 632 206	Trans → delete
2	17. Boston Digital Corp.	MAD 001 417 427	G → Remove

MAD00/027861

15/1 ACKNOWLEDGEMENT SENT

2000

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

- A. (1) FORM 1 MISSING ☐
(2) FORM 3 MISSING ☐
B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐
C. (1) DATE of OPERATION MISSING ☐
(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐
D. (1) ^{Non}Notifier ☐
(2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐
E. (1) FORM 1, VIII B SIGNATURE missing ☐
(2) FORM 3, IX B SIGNATURE missing ☐

2. A. HANDLER ☒
B. NONREGULATED ☐
C. UNSURE ☐
D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)
E. NEW FACILITY ☐
F. CORE ITEM(S) MISSING ☐
G. NON-CORE ITEM(S) MISSING ☐
H. OTHER ☐

Coded:
017- country
4221400- lat
07106550- long
Note change
from F3
3/19
21

ITEM NUMBER

II. Pollutant Characteristics ☐

*III. Name of Facility ☐

IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O., Box ☐

B. City or Town ☐

C. State ☐

D. Zip Code ☐

VI. Facility Location

*A. Street, Route Number ☐

B. County Name ☐

*C. City or Town ☐

*D. State ☐

E. Zip Code ☐

F. County Code (if known) ☐

VII. SIC Codes (other than Process and Hazardous Waste) ☐

VIII. Operator Information

*A. Name ☐

*B. Is the name listed in VIII-A also the owner ☐

C. Status of operator ☐

D. Phone ☐

*E. Street or P.O. Box ☐

*F. City or Town ☐

*G. State ☐

H. Zip Code ☐

- IX. Indian Land ☐
- X. Existing Environmental Permits ☐
- XI. Map ☐
- XII. Nature of Business ☐
- XIII. Certification
- A. *1. Name and ☐
2. Official Title ☐
- *B. Signature ☐
- *C. Date Signed ☐

Comments:

Form 1 is missing ☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
1. Amount ☐
2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
1. Process Codes ☐
2. Process Description ☐

V. Facility Drawing ☐VI. Photographs ☐VII. Facility Geographic Location ☐

VIII. Facility Owner

- *1. Name of Facility's Legal Owner ☐
2. Phone ☐
- *3. Street or P.O. Box ☐
- *4. City or Town ☐
- *5. State ☐
6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.



ANTHONY D. CORTESE, Sc.D.
Commissioner
727-5194

Narvey
The Commonwealth of Massachusetts
Department of Environmental Quality Engineering
Metropolitan Boston - Northeast Region
323 New Boston Street, Woburn, MA 01801

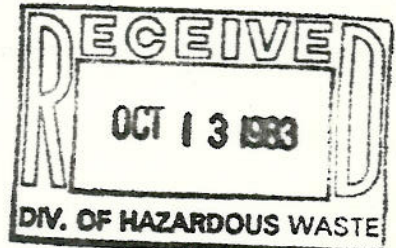
MEMORANDUM

TO: Linda Bendvides, DEQE
Boston License and Engineering

THROUGH: Richard Chalpin
Deputy Regional Environmental Engineer *RJC*

FROM: Masood Habib, DEQE,
Metropolitan Boston/Northeast Region, Woburn *44*

SUBJECT: CALIFORNIA PRODUCTS CORP., 169 WAVERLY ST., CAMBRIDGE, MA
MAD001027861



The above facility was inspected by the writer on August 18, 1983, to verify its status.

After conducting the inspection and examining the company's records, it is recommended that California Products Corp. be withdrawn from interim status as a TSD facility and be re-classified as a Large Quantity Generator since it generates more than 1000 kgs/month of hazardous waste which is disposed of within 90 days. California Products Corp. does not operate either a storage or a waste treatment facility. The company has been advised to formally request a change of status and return of it's Part A application from EPA.

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ronald B. Child, Technical Director
California Products Corporation
169 Waverly Street
P. O. Box 569
Cambridge, MA 02139

2/7/84

RE: EPA I.D. Number MAD001027861

Dear Mr. Child:

This letter is in response to your letter of August 23, 1983 requesting the return of your Part A permit application. From the information provided, it appears that the facility does not require a RCRA permit under Section 3005 of the Act and 40 CFR Part 270.1(b) (formerly CFR 40 Part 122.21(c)). This section requires owners and/or operators of hazardous waste treatment, storage, and disposal facilities to obtain a permit for these activities. A facility that does not and will not treat, store, or dispose of hazardous waste does not require a RCRA permit.

EPA is returning your Part A permit application and has changed your company's status to a generator of hazardous waste. Under 40 CFR 270.1(c)(2) (formerly 40 CFR Part 122.21(a)(2)), a generator of hazardous waste is allowed to accumulate hazardous waste on site for up to 90 days in accordance with 40 CFR Part 262.34 without a RCRA permit.

If EPA's interpretation is incorrect or if the facility is in fact one which is required to have a permit under Section 3005, a complete RCRA Part A application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by 3/7/84. If hazardous waste is treated, stored, or disposed of at the facility reference above and the applicant fails or refuses to submit a complete Part A application by the date stated above, appropriate enforcement action may be taken.

CONCURRENCES						
SYMBOL	SWPB	SWPB	SWPB			
SURNAME	CO	MCS	Ful	Hickner		
DATE	1/24/84	1/24/84	1/30/84	2/1/84		

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

If you have any questions, please contact Jacob Edwards at
(617) 223-1923. All replies should be addressed to:

U.S. Environmental Protection Agency
State Waste Programs Branch
JFK Federal Building, Room 1903
Boston, MA 02203

Sincerely,

Dennis A. Huebner, Chief
State Waste Programs Branch

cc: Nancy Wrenn
Mass. DEQE, DHW

O'Shaughnessy Disk R:Document No.36:San

CONCURRENCES							
SYMBOL	SWPB						
SURNAME	CD						
DATE	1/24/84						



California Products Corporation

Cable: CALPRO Cambridge, MA
U.S. WATS 1-800-225-1141
MA. WATS 1-800-842-1161
TELEX: 951587

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

August 23, 1982

Ms. Mary Sanderson
State Waste Program Branch
U. S. Environmental Protection Agency, Region I
JFK Federal Building, Room 1903
Boston, Massachusetts 02203

Re: Request for Change of Status
E.P.A. ID No. MAD001027861

Dear Ms. Sanderson:

This is to request a change in our interim status as a "Hazardous Waste Storage and Treatment Facility" to that of a "Large Quantity Generator". Please return Part "A" since we wish a status change.

Enclosed is a copy of our August 4, 1980 Notification of Hazardous Waste Activity Form 8700-12E. Also, enclosed is our executed EPA Form 3510-3 submitted on November 19, 1980.

Our hazardous waste consists of flammable liquid N.O.S. which has been used to rinse and wash paint manufacturing equipment. We are capable of having this liquid disposed of using appropriate manifests by properly licensed firms within the 90-day holding period requirement.

Please let me know if any further information is required.

Yours truly,

Ronald B. Child
Technical Director

RBC/ar

Enclosures

cc: Ms. Linda Benevides
DEQE, Division of Hazardous Waste
One Winter Street, 8th Floor
Boston, Massachusetts 02108

DEQE, Met. Boston/Northeast Region
323 New Boston Street
Woburn, Massachusetts 01801
Attn: M. Masood Habib

AUG 29 1982



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

HA0001027861

CALIFORNIA PRODUCTS CORP
PO BOX 30
CAMBRIDGE

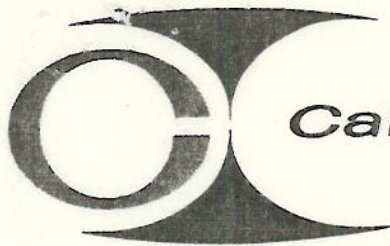
NOV 10 1980

MA 02139

INSTALLATION ADDRESS

169 HAVERLY ST
CAMBRIDGE

MA 02139



California Products Corporation

P.O. BOX 30 • 169 WAVERLY ST. • CAMBRIDGE, MASS. 02139 • 617 547-5300

August 6, 1980

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Regional Office
U. S. Environmental Protection Agency
John F. Kennedy Building
Boston, Massachusetts 02203

Attention: Mr. Dennis Huebner, Chief
Waste Management Branch

Reference: R.C.R.A.

Dear Mr. Huebner:

We are a paint and coatings manufacturer and wish to file Part "A" of the "E.P.A. Consolidated Permit Application" prior to November 19, 1980, to enable us to operate treatment and/or storage of hazardous wastes on an interim basis under the provisions of R.C.R.A. (Section 3004).

Please send two copies of the forms to my attention at our letterhead address.

Also, please note that I feel that 1,2 propanediol (E.P.A. #P-100) (Propylene Glycol) has been mistakenly listed under Section 261.33 (E) "Acutely Hazardous Waste" since it is an approved food additive and cosmetic additive.

We are enclosing a Xerox copy of the executed EPA Form 8700-12 (6-80) "Notification of Hazardous Waste Activity" which was dated August 4, 1980 and mailed in the EPA-provided envelope on that date.

1. The following service is requested (check one). <input checked="" type="checkbox"/> Show to whom and date delivered <input type="checkbox"/> Show to whom, date, and address of delivery <input type="checkbox"/> RESTRICTED DELIVERY <input type="checkbox"/> Show to whom and date delivered <input type="checkbox"/> RESTRICTED DELIVERY <input type="checkbox"/> Show to whom, date, and address of delivery (CONSULT POSTMASTER FOR FEES)		2. ARTICLE ADDRESSED TO: Regional Office Agency U.S. Environmental Protection Agency John F. Kennedy Building Boston, MA 02203 Attn: Dennis Huebner, Chief Waste Mgmt.	
3. ARTICLE DESCRIPTION: REGISTERED NO. 721 623	CERTIFIED NO. 721 623	INSURED NO.	1. (Always obtain signature of addressee or agent) I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent <i>Dennis Huebner</i> DATE OF DELIVERY 8-7-80
5. ADDRESS (Complete only if requested)		6. UNABLE TO DELIVER BECAUSE:	
CLERK'S INITIALS		POSTMARK	

Child
Director

PRODUCTS

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
7	8	9	10	11	12
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

13	14	15	16	17	18
K 0 7 8	K 0 7 9	K 0 8 1	K 0 8 2		
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
19	20	21	22	23	24
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
25	26	27	28	29	30
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

31	32	33	34	35	36
P 0 9 2	P 1 0 0	U 1 2 2	U 0 1 3	U 0 3 1	U 1 5 4
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 3 9	U 2 2 0	U 1 7 1	U 1 5 9	U 1 6 1	U 0 6 9
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

[illegible]

TOXIC
(Dose)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED _____

Ronald B. Child
Technical Director

August 4, 1980

FORM 1		ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		F M A D 0 0 1 0 2 7 8 6 1	
LABEL ITEMS		Consolidated Permits Program (Read the "General Instructions" before starting.)		3 D	
I. EPA I.D. NUMBER		*HAD001027861		GENERAL INSTRUCTIONS	
III. FACILITY NAME		CALIFORNIA PRODUCTS CORP		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS		PO BOX 30 CAMBRIDGE MA 02139			
VI. FACILITY LOCATION		159 WAVERLY ST CAMBRIDGE MA 02139			
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
			X	YES	NO
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		16	17	18	19
			X		X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		22	23	24	25
		X		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		28	29	30	31
			X		X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		34	35	36	37
			X		X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		40	41	42	43
					X
III. NAME OF FACILITY					
1 SKIP CALIFORNIA PRODUCTS CORPORATION					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 CHILD RONALD B TECHNICAL DIR			617 547 5300		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 PO BOX 30					
B. CITY OR TOWN					
4 CAMBRIDGE					
C. STATE					
MA					
D. ZIP CODE					
02139					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 169 WAVERLY STREET					
B. COUNTY NAME					
MIDDLESEX COUNTY					
C. CITY OR TOWN					
6 CAMBRIDGE					
D. STATE					
MA					
E. ZIP CODE					
02139					
F. COUNTY CODE (if known)					

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOX

26

F. CITY OR TOWN

X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLYEPA Form 3510-1 (6-80)

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER												
6	5	4	3	2	1	0	9	8	7	6	5	
F	M	A	D	0	0	1	0	2	7	8	6	
1	2									13	14	15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR.	MO.	DAY
2	6	03
73	74	75

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
73	74	75

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES -- CODES AND DESIGN CAPACITIES

A. PROCESS CODE -- Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY -- For each code entered in column A enter the capacity of the process.

1. AMOUNT -- Enter the amount.

2. UNIT OF MEASURE -- For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
				T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
Disposal:				T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS	G		ACRE-FEET	A	
LITERS	L		HECTARE-METER	F	
CUBIC YARDS	Y		ACRES	B	
CUBIC METERS	C		HECTARES	Q	
GALLONS PER DAY	U				
LITERS PER DAY	V				
TONS PER HOUR	D				
METRIC TONS PER HOUR	W				
GALLONS PER HOUR	E				
LITERS PER HOUR	H				

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C. DUP											
13 14 15											
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)			
16 - 18 19				27	28	29 - 32			27 28 29 - 32		
X 1	S 0 2	600	G		5						
X 2	T 0 3	20	E		6						
1	S 0 1	550000	G		7						
2	T 0 1	555000	U		8						
3	T 0 1	500	U		9						
4					10						
16 - 18 19				27	28	29 - 32			27 28 29 - 32		

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	M	A	D	0	0	1	0	2	7	8	6	1	T/A/C
													36

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: B/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

Est. ~~42 21~~ See Map

LONGITUDE (degrees, minutes, & seconds)

Est. ~~071 06~~ See Map

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E ~~CALIFORNIA PRODUCTS CORPORATION~~

617-547-5300

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F ~~169 MAVERLY STREET~~G ~~CAMBRIDGE~~MA ~~02139~~

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James M. Kenneally

B. SIGNATURE



C. DATE SIGNED

11/12/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James M. Kenneally

B. SIGNATURE



C. DATE SIGNED

11/12/80

FORM 1		ENVIRONMENTAL PROTECTION AGENCY	
GENERAL		GENERAL INFORMATION	
		Consolidated Permits Program (Read the "General Instructions" before starting.)	
I. EPA I.D. NUMBER		*MAD001027861	
III. FACILITY NAME		CALIFORNIA PRODUCTS CORP	
V. FACILITY MAILING ADDRESS		PO BOX 30 CAMBRIDGE MA 02139	
VI. FACILITY LOCATION		169 WAVERLY ST CAMBRIDGE MA 02139	

I. EPA I.D. NUMBER

F	M	A	D	0	0	1	0	2	7	8	6	1
---	---	---	---	---	---	---	---	---	---	---	---	---

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	CALIFORNIA PRODUCTS CORPORATION
---	------	---------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	CHILD RONALD B TECHNICAL DIR	617	547 5300

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3	PO BOX 30
B. CITY OR TOWN	
4	CAMBRIDGE
C. STATE	D. ZIP CODE
MA	02139

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	169 WAVERLY STREET
B. COUNTY NAME	
MIDDLESEX COUNTY	
C. CITY OR TOWN	
6	CAMBRIDGE
D. STATE	E. ZIP CODE
MA	02139
F. COUNTY CODE (if known)	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	5	1	(specify)	PAINT & ALLIED PRODUCTS MANUFACTURING	
C. THIRD				D. FOURTH			
7				(specify)			

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
8 CALIFORNIA PRODUCTS CORPORATION											
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)	
E. STREET OR P.O. BOX										A 617 547 5300	
169 WAVERLY STREET											
F. CITY OR TOWN					G. STATE		H. ZIP CODE		IX. INDIAN LAND		
B CAMBRIDGE					MA		02139		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF TRADE SALES AND INDUSTRIAL MAINTENANCE PAINTS. ALSO MANUFACTURE COATINGS FOR RECREATIONAL SURFACES SUCH AS COLOR-COATINGS FOR TENNIS COURTS AND TRACKS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
JAMES M. KENNEALLY VICE-PRESIDENT & GENERAL MANAGER		11/18/80

COMMENTS FOR OFFICIAL USE ONLY

--



169 WAVERLY STREET
CAMBRIDGE, MASS. 02139
617-547-5300

Application for a Hazardous Waste Permit

Consolidated Permits Program

No. 721635

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO		
15 EPA-Region 1		
STREET AND NO.		
P.O. Box 8748-Permits Branch		
P.O., STATE AND ZIP CODE		
Boston, MA 02114		
POSTAGE \$ 80		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	80
	SPECIAL DELIVERY	0
	RESTRICTED DELIVERY	0
	OPTIONAL SERVICES	
	RETURN RECEIPT SERVICE	45
	SHOW TO WHOM AND DATE DELIVERED	
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	0
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	0	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	0	
TOTAL POSTAGE AND FEES 125		
POSTMARK OR DATE		
NOV 19 1980		

PS Form 3800, Apr. 1976

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W M A D 0 0 1 0 2 7 8 6 1													W DUP													
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15													1 2 3 4 5 6 7 8 9 10 11 12 13 14 15													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
W N O.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES																						
				1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1	K 0 7 8	80,000	P	T 0 1																						
2	K 0 7 9	600	P	S 0 1																						
3	K 0 8 1	15,000	P	T 0 1																						
4																										
5																										
6																										
7																										
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25																										
26																										

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	M	A	D	0	0	1	0	2	7	8	6	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

Est.

42

21

-- --

See Map

LONGITUDE (degrees, minutes, & seconds)

Est.

07

10

-- --

See Map

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	CALIFORNIA PRODUCTS CORPORATION
---	---	---------------------------------

6	1	7	-	5	4	7	-	5	3	0	0
---	---	---	---	---	---	---	---	---	---	---	---

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	169 WAVERLY STREET
---	---	--------------------

C	G	CAMBRIDGE
---	---	-----------

M	A
---	---

0	2	1	3	9
---	---	---	---	---

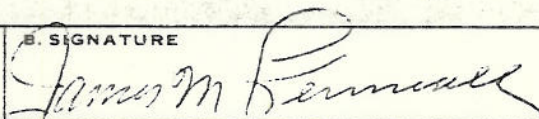
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James M. Kenneally

B. SIGNATURE



C. DATE SIGNED

11/12/80

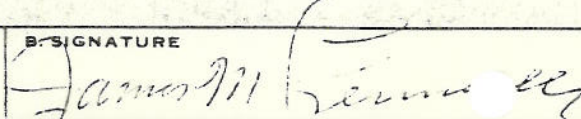
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James M. Kenneally

B. SIGNATURE



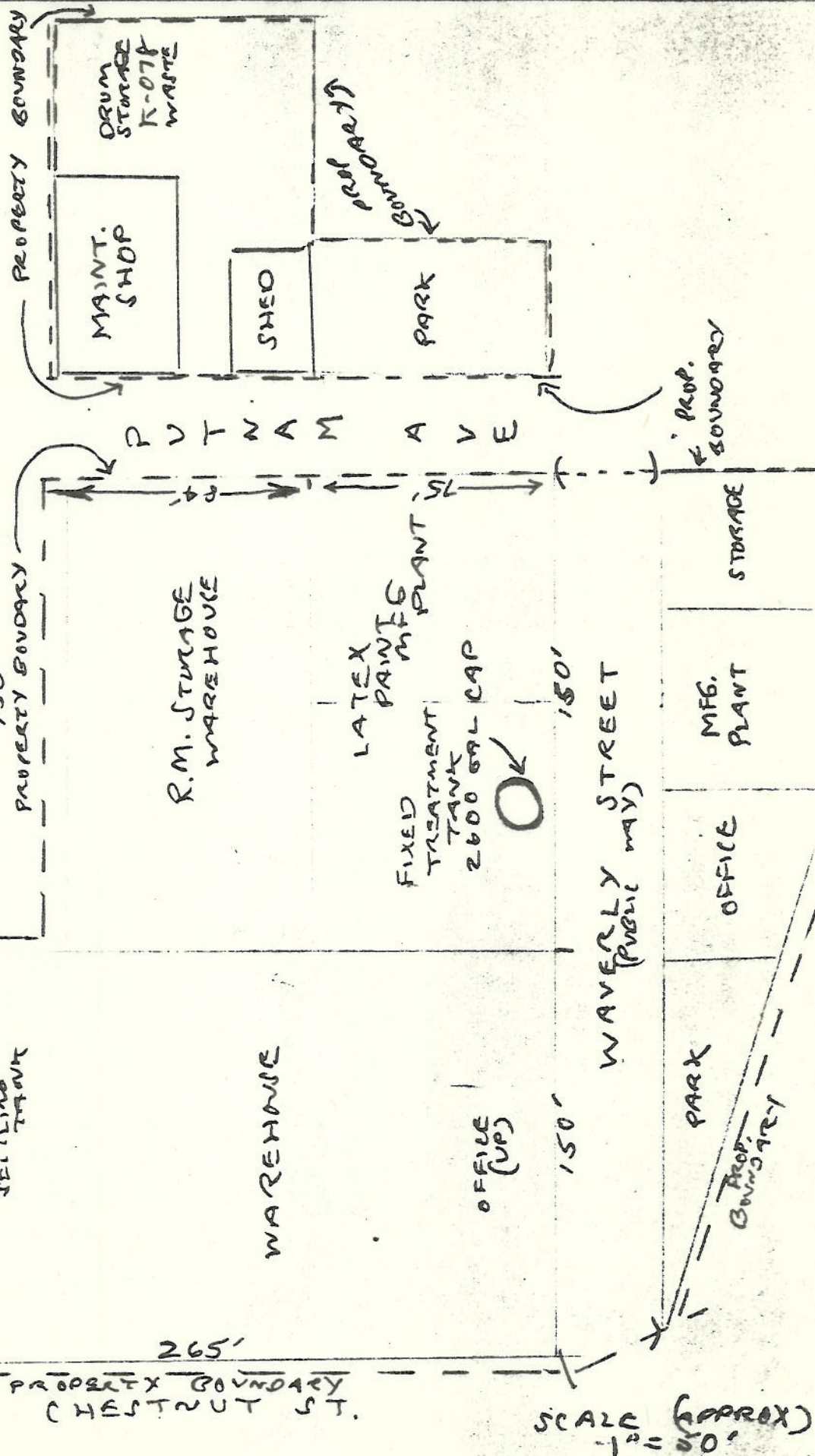
C. DATE SIGNED

11/12/80

FACILITY DRAWING (see page 4)



169 WAVERLY STREET
CAMBRIDGE, MASS. 02139
617-547-5300





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203-2211

March 28, 1989

California Products Corporation
169 Waverly St.
Cambridge, MA 02138

RE: Request for information pursuant to Section 3007 of the Resource Conservation and Recovery Act, 42 U.S.C. Section 6927, and Section 104 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980, 42 U.S.C. Section 9604.

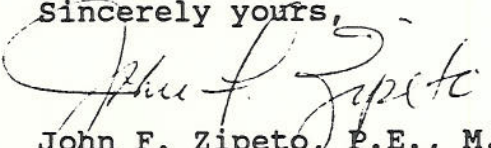
Dear Sir or Madam:

The Environmental Protection Agency Region I office is in receipt of your response to the Request for Information issued to your company on November 25, 1988. Responses are currently being evaluated in detail by EPA.

If additional information is required to satisfy the November 25, 1988, letter, EPA will notify you in the future.

EPA appreciates your assistance and cooperation in this matter.

Sincerely yours,


John F. Zipeto, P.E., M.P.H.
Massachusetts Waste Management Branch

cc: William F. Cass, DEQE



California Products Corporation

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

CERTIFIED MAIL RETURN RECEIPT REQUESTED
RECEIPT NO. 802 742 681

December 28, 1988

U.S. Environmental Protection Agency, Region I
Waste Management Division
Post Office Box 6222
Boston, MA 02114

Attn: Mr. John Zipeto

RE: Letter from EPA dated November 25, 1988
Requesting certain information per RECRA and CERCLA
(EPA ID No. MAD001027861)

Dear Mr. Zipeto:

This is to inform you that we have had numerous telephone communications with Ms. Stephanie Goodwin, Environmental Engineer from your office, to make clear that our original filing on November 19, 1980 for interim status as a HWSTF was a "Protective Filing" (to use Ms. Goodwin's terminology).

Following an inspection by Mr. Masood Habib of the Massachusetts DEQE in August 1982 and at his suggestion, we filed the attached (copy) formal request for a change in our interim status as a "HWSTF" to that of a "Large Quantity Generator" (LQG).

Ms. Goodwin confirmed that the EPA's computer records do, in fact, show under our EPA ID No. MAD001027861 that the EPA granted our change in status in 1984.

California Products Corporation has operated and filed as an LQG since reports were first required and we have never operated as an HWSTF under the EPA's definition of same.

MANUFACTURERS OF

CALIFORNIA® PAINTS • COLORIZER® PAINTS • OX-LINE® PAINTS • WILBUR & WILLIAMS® COATINGS

Mr. John Zipeto
U.S. Environmental Protection Agency

December 28, 1988
Page 2

We have documented manifests for all of the hazardous waste transported from this facility to show that we are not a waste storage facility. These manifests are on file at our offices and at the State's DEQE Division of Hazardous Waste at One Winter Street, Boston, MA 02108.

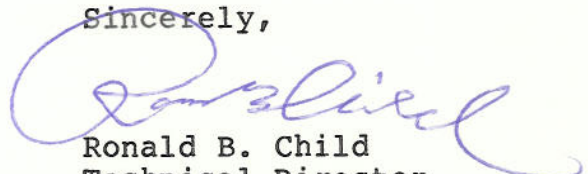
We trust that this response satisfies the EPA's November 25th request for the (subject) information.

The contact person at our facility is:

Ronald B. Child
Technical Director
California Products Corp.
169 Waverly Street
Mail Address: P.O. Box 569
Cambridge, MA 02139

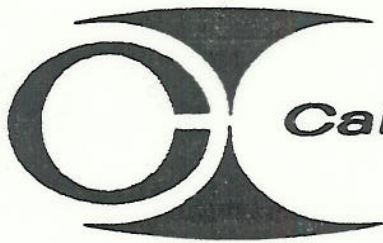
Tel. No. 617-547-5300 x223

Sincerely,



Ronald B. Child
Technical Director

RBC/nmm
Enclosure



California Products Corporation

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

Cable: CALPRO Cambridge, MA
U.S. WATS 1-800-225-1141
MA. WATS 1-800-842-1161
TELEX: 951587

August 23, 1982

Ms. Mary Sanderson
State Waste Program Branch
U. S. Environmental Protection Agency, Region I
JFK Federal Building, Room 1903
Boston, Massachusetts 02203

Re: Request for Change of Status
E.P.A. ID No. MAD001027861

Dear Ms. Sanderson:

This is to request a change in our interim status as a "Hazardous Waste Storage and Treatment Facility" to that of a "Large Quantity Generator". Please return Part "A" since we wish a status change.

Enclosed is a copy of our August 4, 1980 Notification of Hazardous Waste Activity Form 8700-12E. Also, enclosed is our executed EPA Form 3510-3 submitted on November 19, 1980.

Our hazardous waste consists of flammable liquid N.O.S. which has been used to rinse and wash paint manufacturing equipment. We are capable of having this liquid disposed of using appropriate manifests by properly licensed firms within the 90-day holding period requirement.

Please let me know if any further information is required.

Yours truly,

Ronald B. Child
Technical Director

RBC/ar

Enclosures

cc: Ms. Linda Benevides
DEQE, Division of Hazardous Waste
One Winter Street, 8th Floor
Boston, Massachusetts 02108

DEQE, Met. Boston/Northeast Region
323 New Boston Street
Woburn, Massachusetts 01801
Attn: M. Masood Habib

No. 721754

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO <i>Mary Sanderson</i>	
STATE WASTE PROGRAM BRANCH	
STREET AND NO. <i>JFK Fed. Bldg. Rm 1903</i>	
P.O. STATE AND ZIP CODE <i>Boston, MA 02203</i>	
POSTAGE	\$ <i>54</i>
CERTIFIED FEE	<i>75</i>
SPECIAL DELIVERY	<i>0</i>
RESTRICTED DELIVERY	<i>0</i>
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	
SHOW TO WHOM AND DATE DELIVERED	<i>60</i>
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	<i>0</i>
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	<i>0</i>
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	<i>0</i>
TOTAL POSTAGE AND FEES	\$ <i>189</i>
POSTMARK OR DATE	

U.S. POSTAGE
PSN 3800, APT. 1V/10

8/23/82

MANUFACTURERS OF

CALIFORNIA PAINTS • RECREATIONAL PRODUCTS • SPECIAL PRODUCTS



Yedee
California Products Corporation

OFFICE WATS 1-800-325-3533
MASS. WATS 1-800-842-1161

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

CERTIFIED MAIL RETURN RECEIPT REQUESTED
RETURN RECEIPT NO. P 802 742 627

January 26, 1989

U.S. Environmental Protection Agency, Region I
Waste Management Division
Post Office Box 6222
Boston, MA 02114

Attn: Merrill S. Hohman, Dir.
Waste Management Division

RE: Letters from EPA dated November 25, 1988 and
December 30, 1988 Requesting Certain Information per
RECREA and CERCLA (EPA ID. No. MAD001027861)

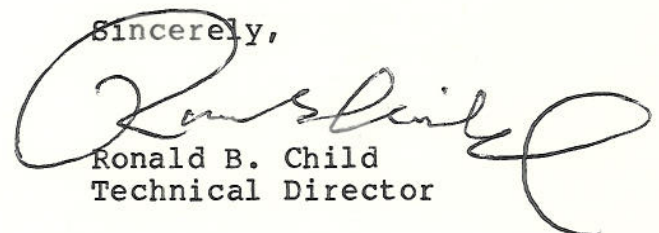
Dear Mr. Hohman:

This is in response to your December 30, 1989 letter which
was further to your November 25, 1988 letter requesting certain
information.

By the time we received your certified letter, we had already
responded to your November 25th letter which we feel adequately
responded to your request. However, in order to file a
Non-Facility Certification, we have further responded to your
December 30th request and provided copies of our annual reports
1981-1987. Of course, every manifest which we execute is copied
in accordance with the law, to the Division of Hazardous Wastes
in Massachusetts and in the destination state.

Please let me know if any further information is required.

Sincerely,



Ronald B. Child
Technical Director

RBC/nmm

Enclosure

MANUFACTURERS OF

CALIFORNIA® PAINTS • COLORIZER® PAINTS • OX-LINE® PAINTS • WILBUR & WILLIAMS® COATINGS

ATTACHMENT A - NON-FACILITY CERTIFICATION
(Attach additional sheets if necessary)

1. Describe all hazardous waste activities that have occurred at the referenced location since November 19, 1980.

Please see our letter response to your November 25, 1988 "request for information" addressed to Mr. John Zipeto dated December 28, 1989.

2. Describe why you believe none of the above activities constitute storage of hazardous waste for greater than 90 days, or treatment or disposal of hazardous waste at any time since 11/19/80.

Our reasons are described in the above-referenced letter.

3. Submit suitable documentation which supports your position (correspondence, annual reports, inspection summaries, etc.)

Please see photocopies of our 1981, 1982, 1983, 1984, 1985, 1986 and 1987 annual reports attached.

(Attachment A continued)

4. If your facility previously submitted to EPA or the Commonwealth of Massachusetts a Part A hazardous waste permit application, please explain your reasons for doing so and why you now believe that those conditions have not constituted the treatment, storage or disposal of hazardous waste since November 19, 1980.

Please see our December 28, 1988 letter and attachments to Mr. Zipeto attached.

We were told that all facilities who had questions about their filing status should become a "protective filer". The States' Inspection in 1982 and our granted status as an LQG in 1984 is a matter of record.

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Ronald B. Child, Technical Director

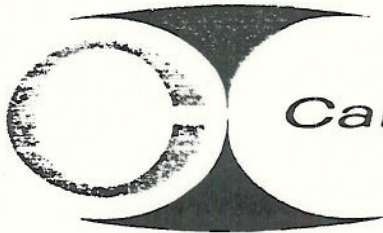
A. NAME AND TITLE (print or type)

B. SIGNATURE

January 26, 1989

C. DATE SIGNED

 **California**
Products Corporation
P.O. BOX 569
CAMBRIDGE, MASS. 02139
617-547-5300



California Products Corporation

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

CERTIFIED MAIL RETURN RECEIPT REQUESTED
RECEIPT NO. 802 742 681

December 28, 1988

U.S. Environmental Protection Agency, Region I
Waste Management Division
Post Office Box 6222
Boston, MA 02114

Attn: Mr. John Zipeto

RE: Letter from EPA dated November 25, 1988
Requesting certain information per RECRA and CERCLA
(EPA ID No. MAD001027861)

Dear Mr. Zipeto:

This is to inform you that we have had numerous telephone communications with Ms. Stephanie Goodwin, Environmental Engineer from your office, to make clear that our original filing on November 19, 1980 for interim status as a HWSTF was a "Protective Filing" (to use Ms. Goodwin's terminology).

Following an inspection by Mr. Masood Habib of the Massachusetts DEQE in August 1982 and at his suggestion, we filed the attached (copy) formal request for a change in our interim status as a "HWSTF" to that of a "Large Quantity Generator" (LQG).

Ms. Goodwin confirmed that the EPA's computer records do, in fact, show under our EPA ID No. MAD001027861 that the EPA granted our change in status in 1984.

California Products Corporation has operated and filed as an LQG since reports were first required and we have never operated as an HWSTF under the EPA's definition of same.

MANUFACTURERS OF

CALIFORNIA PAINTS • COLORIZER PAINTS • OX-LINE PAINTS • WILBUR & WILLIAMS COATINGS

Mr. John Zipeto
U.S. Environmental Protection Agency

December 28, 1988
Page 2

We have documented manifests for all of the hazardous waste transported from this facility to show that we are not a waste storage facility. These manifests are on file at our offices and at the State's DEQE Division of Hazardous Waste at One Winter Street, Boston, MA 02108.

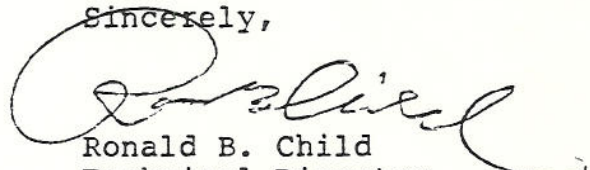
We trust that this response satisfies the EPA's November 25th request for the (subject) information.

The contact person at our facility is:

Ronald B. Child
Technical Director
California Products Corp.
169 Waverly Street
Mail Address: P.O. Box 569
Cambridge, MA 02139

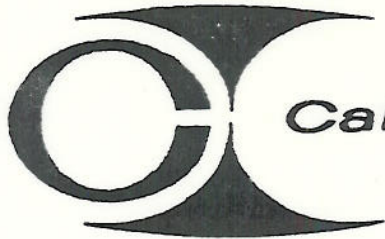
Tel. No. 617-547-5300 x223

Sincerely,



Ronald B. Child
Technical Director

RBC/nmm
Enclosure



California Products Corporation

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

Cable: CALPRO Cambridge, MA
U.S. WATS 1-800-225-1141
MA. WATS 1-800-842-1161
TELEX: 961587

August 23, 1982

Ms. Mary Sanderson
State Waste Program Branch
U. S. Environmental Protection Agency, Region I
JFK Federal Building, Room 1903
Boston, Massachusetts 02203

Re: Request for Change of Status
E.P.A. ID No. MAD001027861

Dear Ms. Sanderson:

This is to request a change in our interim status as a "Hazardous Waste Storage and Treatment Facility" to that of a "Large Quantity Generator". Please return Part "A" since we wish a status change.

Enclosed is a copy of our August 4, 1980 Notification of Hazardous Waste Activity Form 8700-12E. Also, enclosed is our executed EPA Form 3510-3 submitted on November 19, 1980.

Our hazardous waste consists of flammable liquid N.O.S. which has been used to rinse and wash paint manufacturing equipment. We are capable of having this liquid disposed of using appropriate manifests by properly licensed firms within the 90-day holding period requirement.

Please let me know if any further information is required.

Yours truly,

Ronald B. Child
Technical Director

RBC/ar

Enclosures

cc: Ms. Linda Benevides
DEQE, Division of Hazardous Waste
One Winter Street, 8th Floor
Boston, Massachusetts 02108

DEQE, Met. Boston/Northeast Region
323 New Boston Street
Woburn, Massachusetts 01801
Attn: M. Masood Habib

No. 721754	
RECEIPT FOR CERTIFIED MAIL	
NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)	
SENT TO <i>Mary Sanderson</i> <i>STATE WASTE PROGRAM</i>	
STREET AND NO. <i>JFK Fed. Bldg. Rm 1903</i>	
P.O. STATE AND ZIP CODE <i>Boston, MA 02203</i>	
POSTAGE	\$ <i>54</i>
CERTIFIED FEE	<i>75</i>
SPECIAL DELIVERY	<i>0</i>
RESTRICTED DELIVERY	<i>0</i>
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	<i>60</i>
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	<i>0</i>
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	<i>0</i>
TOTAL POSTAGE AND FEES	<i>\$189</i>
POSTMARK OR DATE	<i>9/23/82</i>

MANUFACTURERS OF

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to:
 USEPA REGION I
 WASTE MGMT. DIV.
 P.O. BOX 6222
 BOSTON, MA 02114

4. Article Number
 P802 742 681

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee
 X

Signature — Agent

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT



California Products Corporation

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139

(See Reverse)

Sent to
 USEPA REGION I
 WASTE MGMT. DIV.
 P.O. BOX 6222
 BOSTON, MA 02114

Street and No.
 P.O. State and ZIP Code

Postage \$

Certified Fee .85

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered .90

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

PS Form 3800, June 1985

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 802 742 681

MAIL

U. S. Environmental Protection Agency, Region I
 Waste Management Division
 P.O. Box 6222
 Boston, MA 02114

Attn: Mr. John Zipeto

1981

Commonwealth of Massachusetts

Department of Environmental Quality Engineering

ANNUAL HAZARDOUS WASTE REPORT

This form must be used for submission of annual reports by generators of hazardous waste and facilities which treat, store, use, or dispose of hazardous waste that is generated at the facility site. You may request that any information, records, or particular part thereof be kept confidential and not considered to be public record when such information, record, or report relates to secret processes, methods of manufacture, or production and, if made public, would divulge a trade secret. Please refer to the specific instructions for generators or facilities before completing this form.

1. Type of report: Generator Annual Report

2. Reporting year: 1981

3. Installation's name and identification number:

California Products Corporation MAD001027861

4. Installation address:

(Mailing) P. O. Box 569, Cambridge, MA 021390569
(Street) 169 Waverly St., Cambridge, MA 02139

5. Installation Contact and telephone number:

Ronald B. Child, Technical Director
617-547-5300 Ext. 208

6. Transportation Services used (for Part 1A reports only):

NJT000027821, MAD000790683, CTDO09717604

7. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with Part 12 of the regulations.

Ronald B. Child

Print or type name



Authorized Signature

8/26/83

Date signed

GENERATOR ANNUAL REPORT - PART 1A

8. Generator's identification number: MAD001027861
9. Facility's identification number: D053452637
10. Facility name: Recycling Industries
11. Facility address (street or P.O. Box, city, state, & zip code):
385 Quincy Avenue, Braintree, MA
12. Waste identification:

Line Number	A. Description of Waste	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste
1	Waste Paint	07	D001	330 Gals.
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1 UN II 1263

8. Generator's identification number: MAD001027861
9. Facility's identification number: CTD009717604
10. Facility name: Solvent Recovery Service of New England, Inc.
11. Facility address (street or P.O. Box, city, state, & zip code):
 Lazy Lane, Southington, CT 06489
12. Waste identification:

Line Number	A. Description of Waste	B DOT Hazard Class	C Hazardous Waste Number	D Amount of Waste
1	Waste Flammable Liquid, N.O.S.	07	D001	8800 Gal.
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1. UN No. 1993

GENERATOR ANNUAL REPORT - PART 1A

8. Generator's identification number: MAD001027861

9. Facility's identification number: NJ000027821

10. Facility name: All-County Environmental

11. Facility address (street or P.O. Box, city, state, & zip code):

1 River Road, Edgewater, NJ 07020

12. Waste identification:

Line Number	A. Description of Waste	B DOT Hazard Class	C Hazardous Waste Number	D Amount of Waste
1	Waste Flammable Liquid, N.O.S.	07	D001	12,000 Gals.
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1. UN No. 1993

1982
Commonwealth of Massachusetts

Department of Environmental Quality Engineering

ANNUAL HAZARDOUS WASTE REPORT


This form must be used for submission of annual reports by generators of hazardous waste and facilities which treat, store, use, or dispose of hazardous waste that is generated at the facility site. You may request that any information, records, or particular part thereof be kept confidential and not considered to be public record when such information, record, or report relates to secret processes, methods of manufacture, or production and, if made public, would divulge a trade secret. Please refer to the specific instructions for generators or facilities before completing this form.

1. Type of report: Generator Annual Report
2. Reporting year: 1982
3. Installation's name and identification number:
California Products Corporation MAD001027861
4. Installation address:
(Mailing) P. O. Box 569, Cambridge, MA 021390569
(Street) 169 Waverly St., Cambridge, MA 02139
5. Installation Contact and telephone number:
Ronald B. Child, Technical Director
617-547-5300 Ext. 208
6. Transportation Services used (for Part 1A reports only):
CTD009717604
7. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with Part 12 of the regulations.

Ronald B. Child

Print or type name



Authorized Signature

8/26/83

Date signed

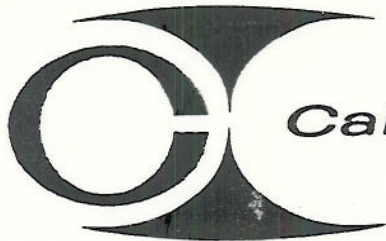
GENERATOR ANNUAL REPORT - PART 1

8. Generator's identification number: MAD001027861
9. Facility's identification number: CTD009717604
10. Facility name: Solvent Recovery Service of New England, Inc.
11. Facility address (street or P.O. Box, city, state, & zip code):
 Lazy Lane, Southington, CT 06489
12. Waste identification:

Line Number	A. Description of Waste	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste
1	Waste Flammable Liquid, N.O.S.	07	DO01 *	18,903 Gals.
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1.* UN No. 1993



California Products Corporation

169 WAVERLY ST. • P.O. BOX 569 • CAMBRIDGE, MASS. 02139-0569 • 617 547-5300

1983
Cable: CALPRO Cambridge, MA
U.S. WATS 1-800-225-1141
MA. WATS 1-800-842-1161
TELEX: 951587

January 10, 1984

Commonwealth of Massachusetts
Department of Environmental Quality Engineering
Division of Hazardous Waste
One Winter Street, 8th Floor
Boston, Massachusetts 02108

Attention: Ms. Linda Benevides

Re: MADOO1027861

Dear Ms. Benevides:

Please find our 1983 Annual Hazardous Waste Report enclosed.

By copy of this cover letter, we are informing the Woburn office of our report.

Yours truly,

Ronald B. Child
Technical Director

RBC/ar

Enclosures

cc: Commonwealth of Massachusetts
DEQE, Met. Boston/Northeast Region
323 New Boson Street
Woburn, Massachusetts 01801

Commonwealth of Massachusetts

Department of Environmental Quality Engineering

ANNUAL HAZARDOUS WASTE REPORT

This form must be used for submission of annual reports by generators of hazardous waste and facilities which treat, store, use, or dispose of hazardous waste that is generated at the facility site. You may request that any information, records, or particular part thereof be kept confidential and not considered to be public record when such information, record, or report relates to secret processes, methods of manufacture, or production and, if made public, would divulge a trade secret. Please refer to the specific instructions for generators or facilities before completing this form.

1. Type of report: Generator Annual Report
2. Reporting year: 1983
3. Installation's name and identification number:
California Products Corporation MADOO1027861
4. Installation address:
(Mailing) Post Office Box 569, Cambridge, MA 02139-0569
(Street) 169 Waverly Street, Cambridge, MA 02139
5. Installation Contact and telephone number:
Ronald B. Child, Technical Director
617-547-5300 Ext. 208
6. Transportation Services used (for Part 1A reports only):
MADO534559911, CTDOO9717604, MADO49440951, CTDO72139869
7. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with Part 12 of the regulations.

Ronald B. Child

Print or type name

Authorized Signature

1/10/84

Date signed

GENERATOR ANNUAL REPORT - PART

8. Generator's identification number: MADOO1027861

9. Facility's identification number: CTDOO9717604

10. Facility name: Solvent Recovery Service of New England, Inc.

11. Facility address (street or P.O. Box, city, state, & zip code):
 Lazy Lane, Southington, CT 06489

12. Waste identification:

Line Number	A. Description of Waste	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste
1	Waste, Flammable Liquid, N.O.S.	07	DOO1	30,297 gallons
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1 UN # 1993

GENERATOR ANNUAL REPORT - PART 1

8. Generator's identification number: MADOO1027861

9. Facility's identification number: CTDO72138969

10. Facility name:

Environmental Waste Removal

11. Facility address (street or P.O. Box, city, state, & zip code):

130 Freight Street, Waterbury, CT 06702

12. Waste identification:

Line Number	A. Description of Waste	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste
1	Waste, Flammable Liquid, N.O.S.	07	DOO1	10,350 Gallons
2	Hazardous Waste, Liquid, N.O.S.	05	DOO8	250 Gallons
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1: UN # 1993

Line 2: O.R.M.E. UN # 9189

GENERATOR ANNUAL REPORT - PART 1

8. Generator's identification number: MAD001027861

9. Facility's identification number: MAD053455911

10. Facility name:

Lewis Chemical Corp.

11. Facility address (street or P.O. Box, city, state, & zip code):

12 Fairmont Court, Hyde Park, MA 02136

12. Waste identification:

Line Number.	A. Description of Waste	B DOT Hazard Class	C Hazardous Waste Number	D Amount of Waste
1	Waste, Flammable Liquid, N.O.S.	07	DOO1	4400 Gallons
2				
3				
4				
5				
6				
7				
8				

13. Comments (enter information by line number - see instructions):

Line 1: UN # 1993

ANNUAL HAZARDOUS WASTE REPORT

PART 1

Part 1 of the Annual Report is to be completed by all respondents.

1. Current Status of Installation: check where applicable

(X) Generator () Treatment, Storage, Disposal Facility () Wastewater Treatment Unit

2. Reporting Year: Year ending 19843. EPA Identification Number:

M A D 0 0 1 0 2 7 8 6 1

4. Installation's Name: California Products Corporation5. Installation's Address: 169 Waverly St., Cambridge, MA 02139

(Mail Address: P.O. Box 569, Cambridge, MA 02139)

6. Installation Contact: Ronald B. Child Tel. No.: 547-53007. Does your installation discharge process wastewater? X Yes No

If yes: (a) NPDES Permit Number

MDC user discharge permit

(b) Municipal sewerage system No. 09000 462-4 dtd 2/24/83

Is the wastewater considered hazardous prior to processing? N/A

 Yes No (If yes, complete Part 3, line 16.)

8. Is your installation registered with the Division of Air Quality Control?

X Yes No (For verification, contact your DEQE Regional office.)

9. Transportation Services Used: (List name and EPA ID Number of each.)

Solvent Recovery Service of N.E., Inc. CTD009717604

Pollution Control Unlimited MAD000790683

10. Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

Ronald B. Child
Authorized Signature of Owner/Operator or Designated Official

January 18, 1985

Date Signed

Ronald B. Child

Print or Type Name

Technical Director

Title of Person Signing

CALIFORNIA PRODUCTS CORP.
RONALD CHILD
P.O. BOX 569
CAMBRIDGE MA 02139-0569

PART 2

GENERATOR ANNUAL REPORT

To complete this part of the report, refer to all your manifests for the calendar year. Separate your manifests by receiving facility.

11. Generator's EPA Identification Number: M A D 0 0 1 0 2 7 8 6 1

12. Waste Shipped Off-Site: (Complete a separate page for each facility to which waste was shipped. Reproduce additional pages as necessary.)

a) Name of Receiving Facility: Solvent Recovery Svc of N.E. Inc.

b) Facility EPA ID Number: C T D 0 0 9 7 1 7 6 0 4

c) Facility Address: Lazy Lane, Southington, CT 06489
(Street or P.O. Box) (City) (State)

(If the waste was exported to a foreign country, enter Waste Exported on line b. and identify the U.S. border point of departure in Comments, line 13.)

Line Number	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
1	Waste Flammable Liquid, N.O.S.	D001	30,514	G	T04 Blending

Instructions:

- A. To identify your wastes, refer to your manifests. The description will usually be the U.S. DOT shipping name. Use a separate line for each type of waste. Number lines consecutively. Duplicate page as necessary.
- B. The EPA Waste Number (Block I. on the Uniform Manifest Form) can also be found in Massachusetts regulations, 310 CMR 30.120-30.136. The number will be a 4-digit code, beginning with a letter, followed by 3 numbers.
- C. Enter the total amount of this particular waste which was shipped to this facility during the calendar year.
- D. The unit codes are: G - gallons; P - pounds; T - tons; Y - cubic yards. If you shipped waste in 55 gal. drums, multiply number of drums by 55, enter G.
- E. Receiving facility handling codes are found in Block K on the Uniform Manifest. This code will be a letter (S, T, or D), followed by 2 numbers.

PART 2

GENERATOR ANNUAL REPORT

To complete this part of the report, refer to all your manifests for the calendar year. Separate your manifests by receiving facility.

11. Generator's EPA Identification Number: M A D 0 0 1 0 2 7 8 6 1

12. Waste Shipped Off-Site: (Complete a separate page for each facility to which waste was shipped. Reproduce additional pages as necessary.)

a) Name of Receiving Facility: EWR, Inc.

b) Facility EPA ID Number: C T D 0 7 2 1 3 8 9 6 9

c) Facility Address: 130 Freight St., Waterbury, CT 06702
(Street or P.O. Box) (City) (State)

(If the waste was exported to a foreign country, enter Waste Exported on line b. and identify the U.S. border point of departure in Comments, line 13.)

Line Number	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y)	E Receiving Facility Handling Code
1	Waste Flammable Liquid, N.O.S.	D001	880	G	T01, T50
2	Waste Corrosive Liquid, N.O.S.	D002	770	G	T01, T31
3	Waste Flammable Solid, N.O.S.	D001	4400	P	S01
4	Hazardous Waste Liquid, N.O.S.	D008	330	G	T50

Instructions:

- A. To identify your wastes, refer to your manifests. The description will usually be the U.S. DOT shipping name. Use a separate line for each type of waste. Number lines consecutively. Duplicate page as necessary.
- B. The EPA Waste Number (Block I. on the Uniform Manifest Form) can also be found in Massachusetts regulations, 310 CMR 30.120-30.136. The number will be a 4-digit code, beginning with a letter, followed by 3 numbers.
- C. Enter the total amount of this particular waste which was shipped to this facility during the calendar year.
- D. The unit codes are: G - gallons; P - pounds; T - tons; Y - cubic yards. If you shipped waste in 55 gal. drums, multiply number of drums by 55, enter G.
- E. Receiving facility handling codes are found in Block K on the Uniform Manifest. This code will be a letter (S, T, or D), followed by 2 numbers.

Generator's EPA Identification Number:

M A D 0 0 1 0 2 7 8 6 1

13. Comments (refer to line number): Use this space to explain any entry in (12).

14. Waste Reduction and On-Site Recovery by Generator (optional question):

After September 1, 1985, manifests must contain a generator certification that the volume and/or quantity and toxicity of the waste has been reduced to the maximum degree economically practicable and the method used to manage the waste minimizes risk to the extent practicable.

A. Type of activity: (Check where appropriate)

- 1) Treatment as an integral part of the manufacturing process _____
(as defined in Mass. regulations, 310 CMR 30.010)
- 2) Re-use (see 310 CMR 30.355) and/or recycling by approval of X
the Department (see CMR 30.380)
- 3) Oil and water separation (see 310 CMR 30.202:10) _____
- 4) Combustion of waste as a fuel (see 310 CMR 30.356) _____

B. Amount: (estimated annual quantity) (Estimate)

- 1) Total waste entered for processing: 35,000 gallons
- 2) Total amount of recovered product: 25,000 gallons

C. Description of waste and process:

Solvent Recovery by Vacuum Distillation (to recover clean solvent from waste from cleaning paint mills to re-use for same).

If you have more than one recovered or reduced material, duplicate this page for each.

TRANSMITTAL STATEMENT

1985 ABC

to be mailed with the Annual Report

California Products Corporation

MAD001027861

Name of Installation

EPA Identification No.

Please check the appropriate response(s):

1. ☒ We are submitting the Annual Report as required.
2. ☐ We are submitting Part 1 of the Annual Report but do not feel we are required to complete Parts 2 or 3 for the following reasons:
 - ☐ We did not manifest any hazardous waste (in quantities described in Who Must File) but will retain our status as a Large Quantity Generator for possible future use, or
 - ☐ We did not manifest hazardous waste in the quantities described in Who Must File and would like to change our status to Small Quantity Generator,* or
 - ☐ We did not manifest any hazardous waste, or did not generate as much as 20 kilograms of non-acutely hazardous waste in any one month, at this address and request that our EPA ID Number be withdrawn.*
 - ☐ We moved our operation during 1985 and are now located at:

 - ☐ New EPA Identification Number: _____
 - ☐ We generate only waste oil.

* Companies requesting a change of status will be sent a Certification Statement to be completed. The change of status will be confirmed by DEQE in writing. Companies contemplating a move during 1986 should apply for a new EPA Identification Number and complete a Certification Statement to withdraw their existing ID prior to the move.

ANNUAL HAZARDOUS WASTE REPORT

PART 1

Part 1 of the Annual Report is to be completed by all respondents.

1. Current Status of Installation: (check where applicable) (X) Generator
() Treatment, Storage, Disposal Facility () Wastewater Treatment Unit () Rec Per

2. Reporting Year: Year ending 1985

3. EPA Identification Number: M A D C O 1 0 2 7 8 6 1

4. Installation's Name: California Products Corporation

5. Installation's Address: 169 Waverly Street

Cambridge, MA 02139 (Mail Address) P.O. Box 569 Cambridge, MA

6. Installation Contact: Tel. No.: 547-5300

7. Does your installation discharge process wastewater? ☒ Yes ☐ No

If yes: (a) NPDES Permit Number _____ or

(b) Groundwater discharge permit _____ or

(c) Name of municipal sewerage system _____

User discharge Permit No. 0900462-4 dtd 5/14/85

Is the wastewater considered hazardous prior to processing? N/A

____ Yes ____ No (If yes, complete Part 3, line 16.)

8. Is your installation registered with the Division of Air Quality Control?

☒ Yes ☐ No (For verification, contact your DEQE Regional office.)

9. Transportation Services Used: (list name and EPA ID number of each)

Solvent Recovery Svc. of N.E. Inc. CTD009717604

10. Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.

Ronald B. Child
Authorized Signature of Owner/Operator or Designated Official

February 4, 1986

Date Signed

Ronald B. Child

Print or Type Name

Technical Director

Title of Person Signing

ATTACH MAILING LABEL

13. Comments (refer to line number): Use this space to explain any entry in (12).

14. Waste Reduction and On-Site Recovery by Generator (required for recycling permittees):

Manifests from large quantity generators must contain a certification that the volume and/or quantity and toxicity of the waste have been reduced to the maximum degree economically practicable and the method used to manage the waste minimizes risk to the extent practicable.

A. Type of activity: (Check where appropriate)

- 1) Treatment as an integral part of the manufacturing process _____
(as defined in Mass. regulations, 310 CMR 30.010)
- 2) Recycling by permit (as defined in 310 CMR 30.143) . _____
- 3) Oil and water separation (as defined in 310 CMR 30.202:10) _____
- 4) Other (please specify, for example, substitution, process modification, sludge reduction, etc.)

Process Re-use*

B. Amount: (estimated annual quantity)

- 1) Total waste entered for processing: 35,000 gallons
- 2) Total amount of product: 25,000 gallons

C. Description of waste and process:

- * Solvent Recovery for process re-use by vacuum distillation (to recover clean solvent from mill-washing waste to re-use for same)

If you have more than one recovered or reduced material, duplicate this page for each.

PART 3

ANNUAL REPORT FOR
AUTHORIZED TREATMENT, STORAGE AND DISPOSAL FACILITIES

17. Waste Treated, Stored (over 90 days), or Disposed on the site of generation:

Facility EPA Identification Number: MAD001027861

Line Number	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (G,P,T,Y) *	E On-Site Handling Code (see last page)
1	Waste, Flammable Liquid, N.O.S.	D001	5107	G	T04
2	"	D001	5364	G	T04
3	"	D01	4600	G	T04
4	"	D01	330	G	T04
5	Waste Flammable Solid N.O.S.	D01	29920	P	S01
6					

* G - gallons P - pounds T - tons Y - cubic yards

The following three questions are to be completed by all companies reporting on line 16 and/or line 17:

18. Most Recent Closure Cost Estimate: N/A
19. Most Recent Post-Closure Cost Estimate: N/A
20. Summary of Incidents When the Contingency Plan Was Implemented: None

21. Comments (refer to question and line number):



California Products Corporation

P.O. BOX 569, CAMBRIDGE, MASS. 02139-0569

P 323 144 481

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

Post to Compliance Branch

DEQE - Div. of Solid &

Waste and No. Hazardous Waste

One Winter Street

City, State and Zip Code

Boston, MA 02108

Postage

\$

Postage Fee

.75

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing
to whom and Date Delivered

.70

Return Receipt showing to whom,
City, State and Address of Delivery

TOTAL Postage and Fees

\$

Postmark or Date

Fold at line over top of envelope to the right
of the return address.

CERTIFIED

P 323 144 481

MAIL



CALIFORNIA PRODUCTS CORPORATION

169 Waverly St., P.O. Box 569, Cambridge, MA 02139-0569

Compliance Branch

DEQE - Division of Solid &

Hazardous Waste

One Winter Street

Boston, Massachusetts 02108

FIRST CLASS

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

TRANSMITTAL STATEMENT

TO BE MAILED WITH THE HAZARDOUS WASTE ANNUAL REPORT

California Products Corporation

Name of Installation

MAD001027861

EPA Identification No.

Check the appropriate response:

1. X We are submitting the Annual Report as required.
2. We are submitting Part I of the Annual Report but do not feel we are required to complete Parts II, III or IV for the following reasons:

 We did not manifest any hazardous waste (in quantities described in Who Must File) but will retain our status as a Large Quantity Generator for possible future use, or

 We did not manifest hazardous waste in the quantities described in Who Must File and would like to change our status to Small Quantity Generator,* or

 We did not manifest any hazardous waste, or did not generate as much as 20 kilograms of non-acutely hazardous waste in any one month, at this address and request that our EPA ID Number be withdrawn.*

 We moved our operation during 1985 and are now located at*:

 New EPA Identification Number:

 We generate large quantities of waste oil only.

*Companies requesting a change of status will be sent a Certification Statement to be completed. The change of status will be subject to approval and inspection by the DEQE Regional Office. Companies contemplating a move during 1986 must apply for a new EPA Identification Number and complete a Certification Statement to withdraw their existing ID. The EPA Identification Numbers are site specific and can not be transferred to another location.

CERTIFIED MAIL
VIA CERTIFIED MAIL RECEIPT NO. P323 141 797
RETURN RECEIPT REQUESTED

HAZARDOUS WASTE ANNUAL REPORT

PART I

PART I OF THE ANNUAL REPORT IS TO BE COMPLETED BY ALL RESPONDENTS. PRINT IN BLACK INK OR TYPE.

1. CURRENT STATUS OF INSTALLATION: Check current regulatory status.

☒ Generator, ☐ Treatment, Storage, Disposal Facility

☐ Wastewater Treatment Unit ☐ Recycling Permittee

2. REPORTING YEAR: 19863. EPA IDENTIFICATION NUMBER:

M	A	D	O	O	I	0	2	7	8	6	1
---	---	---	---	---	---	---	---	---	---	---	---

4. INSTALLATION NAME: California Products Corporation5. INSTALLATION ADDRESS:

169 Waverly Street

Street or P.O. Box

Cambridge,
CityMA
State

02139

Zip Code

6. INSTALLATION MAILING ADDRESS
(if different from above)

P.O. Box 569

Street or P.O. Box

Cambridge,
CityMA
State

02139-0569

Zip Code

7. INSTALLATION CONTACT:

Ronald B. Child, T.D.

(617) 547-5300

Telephone Number

8. DOES YOUR INSTALLATION DISCHARGE PROCESS WASTEWATER?☒ Yes ☐ No

Industrial User Discharge Permit No.

If Yes, (a) ~~NPDES~~ Permit Number

09 000 462-4

(b) Groundwater discharge permit

Name of municipal sewerage system Cambridge (MWRA) Formerly MDCIs the wastewater considered hazardous prior to processing? ☐ Yes ☒ NoIf Yes, you must complete Part IV, Line 159. IS YOUR INSTALLATION REGISTERED WITH THE DIVISION OF AIR QUALITY CONTROL?☒ Yes ☐ No For verification contact your DEQE Regional Office.

10. TRANSPORTATION SERVICES USED: Refer to 1986 manifests.

Name
Solvent Recovery Service of
New England, Inc.

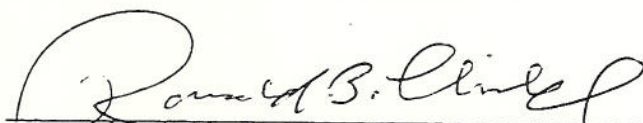
EPA Identification Number

CTD009717604

11. CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 30.00 Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.


Authorized Signature of Owner/Operator
or Designated Official

February 17, 1987

Date Signed

Ronald B. Child

Print or Type Name

Technical Director

Title of Person Signing

PART II

PART II IS REQUIRED OF ALL LARGE QUANTITY GENERATORS. TO COMPLETE, REFER TO ALL OF YOUR MANIFESTS FOR 1986. SEPARATE YOUR MANIFESTS BY RECEIVING FACILITY. YOU MUST COMPLETE THIS PAGE FOR EACH FACILITY TO WHICH HAZARDOUS WASTE WAS SHIPPED. REPRODUCE PAGES AS NECESSARY.

If the waste was exported to a foreign country, enter Waste Exported on Line 12 and identify the U.S. border point of departure in Comments Line 13.

GENERATOR'S EPA IDENTIFICATION NUMBER:

MAD001027861

12. WASTE SHIPPED OFF-SITE:

Name of Receiving Facility: Solvents Recovery Service of N.E., Inc.

Facility EPA ID Number:

CTD009717604

Line #	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (Page 4)	E Facility Handling Code
1	Waste, Flammable Liquid, N.O.S., UN-1993	D001	5292	G	T04 (Blending)
2	Waste, Flammable Liquid, N.O.S., UN-1993	D001	550	G	T04 (Blending)
3	Waste, Flammable Solid, N.O.S., UN-1325	D001	17,600	P	S01
4	Waste, Flammable Liquid, N.O.S., UN-1993	D001	5252	G	T04 (Blending)
5	Waste, Flammable Solid, N.O.S., UN-1325	D001	40,000	P	S01
6	Waste, Flammable Solid, N.O.S., UN-1325	D001	35,000	P	S01

Instructions:

- A. To identify your wastes, refer to your manifests. The description is usually the U.S. DOT shipping name. Use a separate line for each type of waste.

HAZARDOUS WASTE ANNUAL REPORT

Part II
Page 4 of 7

PART II

PART II IS REQUIRED OF ALL LARGE QUANTITY GENERATORS. TO COMPLETE, REFER TO ALL OF YOUR MANIFESTS FOR 1986. SEPARATE YOUR MANIFESTS BY RECEIVING FACILITY. YOU MUST COMPLETE THIS PAGE FOR EACH FACILITY TO WHICH HAZARDOUS WASTE WAS SHIPPED. REPRODUCE PAGES AS NECESSARY.

If the waste was exported to a foreign country, enter Waste Exported on Line 12 and identify the U.S. border point of departure in Comments Line 13.

GENERATOR'S EPA IDENTIFICATION NUMBER:

MAD001027861

12. WASTE SHIPPED OFF-SITE:Name of Receiving Facility: Solvents Recovery Services of New Jersey

Facility EPA ID Number:

NJ0002182897

Line #	A Description of Waste	B EPA Waste Number	C Quantity of Waste	D Unit Code (Page 4)	E Facility Handling Code
1	Waste, Flammable Liquid, N.O.S., UN-1993	D001	4063	G	T04 (Blending)
2					
3					
4					
5					

Instructions:

- A. To identify your wastes, refer to your manifests. The description is usually the U.S. DOT shipping name. Use a separate line for each type of waste.

- B. The EPA Waste Number (Block I. on the Uniform Manifest Form) and defined by 310 CMR 30.120-30.136 is a 4-digit code: a letter followed by 3 numbers.
 - C. Enter total amount of this waste shipped to facility in 1986.
 - D. The unit codes are: G - gallons; P - pounds; T - tons; Y - cubic yards.
K - kilograms, L - liters (liquids only); M - metric tons (1000 kg);
N - cubic meter.
 - E. Receiving facility handling codes are found in Item K on the Uniform Manifest: a letter (S, T, or D), followed by two numbers. The code is for what happens to the waste at the facility used and does not necessarily reflect the ultimate disposal method.
13. COMMENTS: This space may be used to explain any entry in Line 12.

None

PART III

EPA ID NUMBER:

MAD001027861

Part III, WASTE REDUCTION AND ON-SITE RECOVERY, is required of large quantity generators, on-site facilities and wastewater treatment units.

Manifests require certification that the volume and toxicity of the waste has been reduced to the maximum degree economically practical and the method used to manage the waste minimizes present and future threat to human health and the environment.

14. Waste Reduction Activity (duplicate this page for each waste stream reduced)

A. Amount of waste reduced (estimated annual quantity) 12,000-20,000 gals (est.)

Amount of waste reduced in 1985 8-12,000 gals. (est.)

Amount of waste reduced in 1984 6-8,000 gals. (est)

Amount of waste reduced prior to 1984, if known unk

B. Type of activity (check applicable responses)

1. Treatment as an integral part of the manufacturing process _____

2. Recycling on-site X

3. Oil and water separation _____

4. Substitution _____

5. Process modification _____

6. Sludge reduction _____

7. Production decrease _____

C. Description of the waste stream and reduction processes:

Recycling of latex paint tank washings into finished paints.

PART III

EPA ID NUMBER:

MAD001027861

Part III, WASTE REDUCTION AND ON-SITE RECOVERY, is required of large quantity generators, on-site facilities and wastewater treatment units.

Manifests require certification that the volume and toxicity of the waste has been reduced to the maximum degree economically practical and the method used to manage the waste minimizes present and future threat to human health and the environment.

14. Waste Reduction Activity (duplicate this page for each waste stream reduced)

A. Amount of waste reduced (estimated annual quantity)	35,000 gals	(est.)
Amount of waste reduced in 1985	30,000 gals.	(est.)
Amount of waste reduced in 1984	25,000 gals	(est.)
Amount of waste reduced prior to 1984, if known	Unk.	

B. Type of activity (check applicable responses)

1. Treatment as an integral part of the manufacturing process _____
2. Recycling on-site _____
3. Oil and water separation (Distillation) X
4. Substitution _____
5. Process modification _____
6. Sludge reduction _____
7. Production decrease _____

C. Description of the waste stream and reduction processes:

Vacuum distillation of paint mill washings to recover clean solvent which can be used again for cleaning mills.

PART I
TRANSMITTAL STATEMENT AND CERTIFICATION

1. INSTALLATION NAME: California Products Corporation
(check if change from mailing label)

2. EPA IDENTIFICATION # .M.A.D.0.0.1.0.2.7.8.6.1.

3 a) INSTALLATION ADDRESS:

<u>169 Waverly Street</u>	<u>Cambridge</u>	<u>MA</u>	<u>02139</u>
street	city	state	zip

b) MAILING ADDRESS (if different from above):

<u>P.O. Box 569</u>	<u>Cambridge</u>	<u>MA</u>	<u>02139</u>
street or box	city	state	zip
(<u> </u> check if change from mailing label)			

c) CONTACT PERSON Ronald B. Child, Technical Director
(check if change from mailing label)

4. CHECK THE APPROPRIATE RESPONSE:

A. X We are submitting the complete Annual Report as required in the General Instructions.

B. We are submitting Part I of the Annual Report but are not required to complete any other parts for the following reason:

1 We did not generate any hazardous waste in the quantities described in the General Instructions but will retain our status as a Large Quantity Generator for future use.

2 We generate small quantities of hazardous waste (less than 1000 kilograms per month) and would like to formally change our status to a Small Quantity Generator.

3 We moved or closed our operation during 1987. Our new address is (include mailing address if different)

If so, you need to inactivate your EPA Identification Number.
Did you previously notify us of this status change? _____

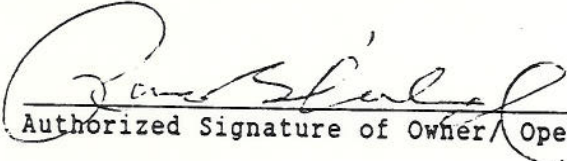
New EPA ID #, if applicable: .M.A.

4 We generate large quantities of waste oil and less than 1000 kilograms of other hazardous waste.

5. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 30.000, Regulations Governing Access for and Confidentiality of Department Records and files under the Hazardous Waste Management Act.


Authorized Signature of Owner/Operator

2/1/88
Date

Ronald B. Child
Print Name

Technical Director
Title

PART II
IDENTIFICATION

THIS SECTION IS TO BE COMPLETED BY ALL LARGE QUANTITY GENERATORS, WASTEWATER TREATMENT UNITS, AND ON SITE FACILITIES. PRINT IN BLACK INK OR TYPE. DO NOT PUNCTUATE COMPANY NAME.

1. INSTALLATION NAME: California Products Corporation
2. EPA IDENTIFICATION # .M.A.D .0 .0.1 .0 .2 .7 .8 .6 .1 .
- CURRENT REGULATORY STATUS: ☒ LARGE QUANTITY GENERATOR
☐ ON SITE TREATMENT, STORAGE OR DISPOSAL FACILITY
☐ WASTEWATER TREATMENT UNIT
3. DOES YOUR INSTALLATION DISCHARGE PROCESS WASTEWATER? ☐ YES ☒ NO
- If Yes, a) NPDES PERMIT # _____
- B) Groundwater discharge permit _____
- If Yes, you must complete Part V.
4. IS YOUR INSTALLATION REGISTERED WITH THE DIVISION OF AIR QUALITY CONTROL?
☒ YES ☐ NO For verification contact your DEQE regional office
5. TRANSPORTERS USED IN 1987. REFER TO YOUR MANIFESTS AND LIST ALL TRANSPORTERS USED DURING THE YEAR. ATTACH ADDITIONAL PAGES IF NECESSARY.

<u>NAME</u>	<u>EPA IDENTIFICATION #</u>
<u>Solvent Recovery Service of N.E. , Inc.</u>	<u>.C .I .D .0 .0 .9 .7 .1 .7 .6 .0 .4 .</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PART III WASTE SUMMARY

Part III is required of all Large Quantity Generators. To complete you must reference all of your manifests for 1987. You must complete a separate page for each facility to which you shipped waste. Reproduce blank pages as necessary.

1. GENERATOR EPA IDENTIFICATION: .M.A.D.0.0.1.0.2.7.8.6.1.

2. NAME OF RECEIVING FACILITY: Solvent Recovery Service of N.E., Inc.
(if exported identify US point of departure)

FACILITY EPA IDENTIFICATION NUMBER: .C.I.D.0.0.9.7.1.7.6.0.4.

3. HAZARDOUS WASTE SHIPPED OFF SITE: Instructions for the chart below are on page 5.

LINE #	A DESCRIPTION OF WASTE	B WASTE CODE	C TOTAL QUANTITY	D UNIT CODE	E HANDLING CODE
1	*	D001	5516	G	T04 Blending
2	*	D001	5130	G	"
3	*	D001	5000	G	"
4	*	D001	5094	G	"

* (Due to lack of space)

RQ Waste, Flammable liquid, N.O.S.

(EPA Ignitability), Flammable Liquid, UN1993

INSTRUCTIONS FOR Part III, #3 Chart:

- A. To identify your wastes, refer to your manifests. The waste description is usually the U S DOT shipping name. Use a separate line for each type of waste.
- B. The EPA Waste Number is the four digit code found in Block I of the uniform manifest form and defined in 310 CMR 30.120 to 30.136.
- C. Enter the total amount of each waste shipped to this facility in 1987.
- D. Quantities must be reported in the units of measure listed below.

<u>CODE</u>	<u>UNIT OF MEASURE</u>
P	POUNDS
T	TONS (2000 POUNDS)
K	KILOGRAMS
M	METRIC TONNES (1000 KILOGRAMS)
G	GALLONS
L	LITERS

E. Handling code, see last page.

PART IV
WASTE MINIMIZATION AND SOURCE REDUCTION

EPA ID .M.A.D.0.0.1.0.2.7.8.6.1.

Part IV is required of all Large Quantity Generators. A separate Part IV must be completed for each type of waste that was reduced.

The uniform manifest requires all generators to certify, on Item 16, that they have a program in place to reduce, to the degree determined economically practical, the volume and toxicity of the waste generated.

Waste minimization means the reduction of hazardous waste that is generated or subsequently treated, stored or disposed. Waste minimization includes any source reduction or recycling activity undertaken by a generator that results in: (1) the reduction of total volume or quantity of hazardous waste; (2) the reduction of toxicity of hazardous waste; or (3) both, as long as the reduction is consistent with the goal of minimizing present and future threats to human health and the environment.

To assist you in understanding waste minimization activities we have enclosed the brochure Source Reduction: Implementing a Strategy published by the Massachusetts Department of Environmental Management.

1. Check type of waste minimization activity below:

<u>CODE</u>	<u>ACTIVITY</u>
<input type="checkbox"/> 0	No Waste Minimization activity undertaken
<input type="checkbox"/> 1	Process equipment or technology modification/ substitution
<input checked="" type="checkbox"/> 2	Process procedure modification/substitution (includes closed loop recycling)
<input type="checkbox"/> 3	Reformation or redesign of product
<input checked="" type="checkbox"/> 4	Modification/substitution of input or raw material
<input checked="" type="checkbox"/> 5	Better housekeeping/better operating practices
<input type="checkbox"/> 6	Waste stream segregation; includes oil and water separation; centrifugation
<input type="checkbox"/> 7	Other, specify in Comments below

2. Quantity Prevented - Best Estimate

Enter the quantity of hazardous waste you believe was prevented or never generated due to the waste minimization project or activity conducted at the site.

type of waste reduced (EPA four digit waste code).D.0.0.1.

amount of this waste reduced in 1987: 75%

amount of this waste not minimized:

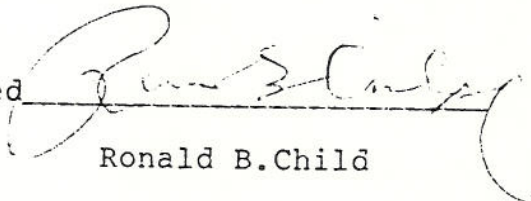
Briefly describe the project or activity that produced this reduction.
Attach page if necessary.

see page attached numbered "6b"

California Products Waste Minimization Statement

During 1987 we were able to drastically reduce our "Waste Flammable Solid N.O.S., UN1325" category of waste by recycling more of this waste into "mill end paints" and by blending these solids into our bulk flammable liquid UN-1993 waste stream which allows some suspended matter.

Signed



Ronald B. Child

Technical Director

Dated: 2/1/88

PART V
ON SITE TREATMENT ACTIVITY

EPA IDENTIFICATION # .M.A.

Wastewater Treatment Units complete Line 1. On Site Facilities complete Line 2, parts a, b, c, and d. Reproduce blank pages if necessary.

1. Wastewater Treatment Unit Activity:

a. Description of waste treated: _____

EPA waste code

b. Amount of waste entered in the treatment process in 1987. You may estimate this amount by multiplying the average amount per day by the number of operating work days in the calendar year:

c. Attach description of wastewater treatment process.

2. On Site Facility Activity

a. Complete as instructed on page 5 for Part III, #3:

LINE #	A DESCRIPTION OF WASTE	B WASTE CODE	C TOTAL QUANTITY	D UNIT CODE	E HANDLING CODE

b. Most recent closure cost estimate: _____

c. Most recent post-closure cost estimate: _____

d. Attach summary of incidents when the contingency plan was implemented.

HANDLING CODES FOR TREATMENT, STORAGE AND DISPOSAL METHODS

STORAGE

- S01 Container (barrel, drum, etc.)
- S02 Tank
- S03 Waste pile
- S04 Surface impoundment
- S05 Other (specify)

DISPOSAL

- D79 Injection well
- D80 Landfill
- D81 Land application
- D82 Ocean disposal
- D83 Surface impoundment

TREATMENT

- T01 Tank
- T02 Surface impoundment
- T03 Incinerator
- T04 Other: (specify)

Thermal Treatment

- T06 Liquid injection incinerator
- T07 Rotary kiln incinerator
- T08 Fluidized bed incinerator
- T09 Multiple health incinerator
- T10 Infrared furnace incinerator
- T11 Molten salt destructor
- T12 Pyrolysis
- T13 Wet air oxidation
- T14 Calcination
- T15 Microwave discharge
- T16 Cement kiln
- T17 Lime kiln
- T18 Other (specify)

Chemical Treatment

- T19 Absorption mound
- T20 Absorption field
- T21 Chemical fixation
- T22 Chemical oxidation
- T23 Chemical precipitation
- T24 Chemical reduction
- T25 Chlorination
- T26 Chloranalysis
- T27 Cyanide destruction
- T28 Degradation
- T29 Detoxification
- T30 Ion exchange
- T31 Neutralization
- T32 Ozonation
- T33 Photolysis
- T34 Other (specify)

Physical Treatment

a) Separation of Components

- T35 Centrifugation
- T36 Clarification
- T37 Coagulation
- T38 Decanting
- T39 Encapsulation
- T40 Filtration
- T41 Flocculation
- T42 Flotation
- T43 Foaming
- T44 Sedimentation
- T45 Thickening
- T46 Ultrafiltration
- T47 Other (specify)

b) Removal of Components

- T48 Absorption-molecular sieve
- T49 Activated carbon
- T50 Blending
- T51 Catalysis
- T52 Crystallization
- T53 Dialysis
- T54 Distillation
- T55 Electrodialysis
- T56 Electrolysis
- T57 Evaporation
- T58 High gradient magnetic separation
- T59 Leaching
- T60 Liquid ion exchange
- T61 Liquid-liquid extraction
- T62 Reverse osmosis
- T63 Solvent recovery
- T64 Stripping
- T65 Sand filter
- T66 Other (specify)

Biological Treatment

- T67 Activated sludge
- T68 Aerobic lagoon
- T69 Aerobic tank
- T70 Anaerobic lagoon
- T71 Composting
- T72 Septic tank
- T73 Spray irrigation
- T74 Thickening filter
- T75 Trickling filter
- T76 Waste stabilization
- T77 Other (specify)

U01 Any manner of use (specify)